## **LUMP-SUM BUDGET COMPONENT TRANSFER FORM**



| Document # |
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|            |

SHADED FIELD HEADINGS DESIGNATE INFORMATION ALWAYS REQUIRED

| WIZON.            |                      |             |                |                 |
|-------------------|----------------------|-------------|----------------|-----------------|
|                   | FISCAL YEAR          | FUND        | AGENCY         |                 |
|                   |                      |             |                |                 |
|                   |                      |             |                | <b>-</b>        |
|                   |                      | EXPENDITURE |                |                 |
|                   |                      |             |                |                 |
| Daniel Original   | CURRENT BUDGET       | INC./(DEC.) | REVISED BUDGET |                 |
| Personal Services |                      |             | +              |                 |
| Operations        |                      |             |                |                 |
| Total             | -                    |             |                |                 |
|                   |                      |             |                |                 |
|                   |                      |             |                |                 |
|                   |                      |             |                |                 |
| EXPLANATION:      |                      |             |                |                 |
|                   |                      |             |                |                 |
|                   |                      |             |                |                 |
|                   |                      |             |                |                 |
| PREPARED BY:      |                      |             |                |                 |
|                   | NAME                 |             | PHONE #        | DATE            |
|                   |                      |             |                |                 |
| DEPT. APPROVAL:   |                      |             |                |                 |
|                   | AUTHORIZED SIGNATURE |             | PHONE #        | DATE            |
|                   |                      |             |                |                 |
| OMB APPROVAL:     |                      |             |                |                 |
|                   | AUTHORIZED SIGNATURE |             |                | DATE            |
| BOARD AGENDA:     |                      |             |                |                 |
| BOAND AGENDA.     |                      |             |                | DATE            |
|                   |                      |             |                | ·· <del>-</del> |
| ENTERED BY:       |                      |             |                |                 |
|                   | NAME                 |             |                | DATE            |